PIERCE COUNTY REPORT OF INCIDENT OR UNSAFE CONDITION (Do NOT use to report County-owned VEHICLE damage OR County EMPLOYEE INJURIES)

Department	115 141 115 0 10	Your Department's Risk Management BARS Code:
Yu	blic Works-Knad Oos	150.200.6200.542906.0030
Employee Completing Report	Employee Name State Memulcuis	
	Division, Section, Etc. RD 0 975	
	Work Address CMF	Work Phone 253 798-6 00 0
Person Injured/Involved in the Accident or Incident	Name Same	Age 59
	Home Address Cli C -C	T. E. 253 846-6475
	Employed By: Disco CANTER YUR	Work Phone 798-6000
	What was the involved person doing at the time of accident or in	cident? DITCHING WITH BACKHOO
Date, Time and Place	Date 9-1-10 Time	10. M A.M. P.M.
	Location 30 4th a 14th Ales.	
The Injury	Nature and extent of injury	
	Where was injured taken after accident?	Name of Doctor
	Why was injured on premises?	
Property Damage or Theft of Property	Owner's Name QuEST	Home Phone
	Address	
	List damage: Broke SHELD Around	PHONE (underground)
		Police Case #:
Description of Accident, Incident or Unsafe Condition	(Attach additional sheets if necessary.) LOHICE DIT	CHING WITH BROKHOE #3172-
	Hit pitone line @ 304th + 14	evere was on the top o
	phone me, Note: DID NOT S	of the was on THE TOP O
	GRECINE.	a a div some
		LOCATE #: MOVING GRASS & SILT
Describe 1st Aid:		S - Did person resume skating? YES NO
Witnesses	Name Address	Wk Phone Hm Phone
	Name Address	Wk Phone Hm Phone
	Date, location and badge # or name of police authority to whom incident was reported:	
Date	Signature of Employee/	Signature of Department or Agency Head
7-1-10	The While	LIKIN
Return completed	I form to:	

PIERCE COUNTY RISK MANAGEMENT 955 Tacoma Avenue South, Suite 303 Tacoma, WA 98402

